





# Final Disposition

Fill in after sentence has been pronounced.

## ◆ SENTENCE

	Years	Months	Days	
Total Time Imposed Before Suspension ..... <input type="checkbox"/> Life Sentence +	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total Time to Serve (effective) ..... <input type="checkbox"/> Life Sentence +	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sentenced to Time Served
Post Release Term §18.2 -10 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Post Release Supervision Period §19.2 - 295.2 (A) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Probation Period (Supervised) §19.2 - 303 ..... <input type="checkbox"/> Indefinite	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Check all that apply

☐ Incarceration Sentence to Run Concurrently With Another Sentencing Event

☐ Written Plea Agreement Accepted    ☐ Oral Sentence Recommendation Accepted

☐ Restitution \$  ,  ,  .     ☐ Fine \$  ,  ,  .

## Other Sentencing Programs (Check all that apply)

<input type="checkbox"/> Day Reporting	<input type="checkbox"/> Community-Based Program _____ <small>Specify type or name of program</small>
<input type="checkbox"/> Diversion Center Incarceration	<input type="checkbox"/> Detention Center Incarceration
<input type="checkbox"/> Electronic Monitoring	<input type="checkbox"/> Drug Court
<input type="checkbox"/> Unsupervised Probation	<input type="checkbox"/> Intensive Probation
<input type="checkbox"/> §18.2-251	<input type="checkbox"/> Youthful Offender
	<input type="checkbox"/> Other _____ <small>Specify type or name of program</small>

Office Use Only

<input type="text"/>	<input type="text"/>
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## ◆ REASON FOR DEPARTURE

Must be completed pursuant to §19.2-298.01(B)

Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## ◆ SENTENCING DATE

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Month		Day		Year

\_\_\_\_\_  
Judge's Signature

## ◆ ATTACH COURT ORDER AND MAIL

Pursuant to §19.2-298.01(E) \_\_\_\_\_

After sentencing, send to:

**Virginia Criminal Sentencing Commission • Fifth Floor • 100 North Ninth Street • Richmond, Virginia 23219**

Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Error Code	Audit Code	PSI	Misc.